

Docket No.: 062807-0049

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	:	Customer Number: 20277
	:	
Hideto NOGUCHI	:	Confirmation Number: 1297
	:	
Application No.: 10/092,923	:	Group Art Unit: 2621
	:	
Filed: March 08, 2002	:	Examiner: H. Q. Dang
	:	
For: OPTICAL DISK RECORDING APPARATUS AND METHOD		

**PETITION FOR EXTENSION OF TIME**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:


It is respectfully requested that the time for response to the Office Action dated February 9, 2007, now due to expire May 9, 2007, be extended for three months and set to expire on August 9, 2007.

Please charge the extension fee of \$1,050.00 to Deposit Account No. 500417. Please charge any additional fees or credit any overpayment to Deposit Account No. 500417.

Adjustment date: 03/04/2008 CKHLOK  
11/01/2007 INTEFSW 00003965 500417 10092923  
02 FC:1253 1050.00 CR

Respectfully submitted,

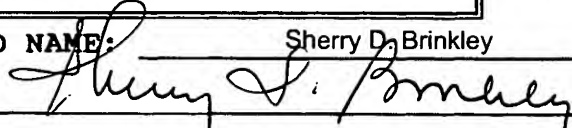

McDERMOTT WILL & EMERY LLP

  
David A. Spenard  
Registration No. 37,449

600 13<sup>th</sup> Street, N.W.  
Washington, DC 20005-3096  
Phone: 202.756.8000 DAS:lcb  
Facsimile: 202.756.8087  
**Date: October 31, 2007**

**Please recognize our Customer No. 20277  
as our correspondence address.**

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 03/03/08		2 Serial/Patent # 10/092,923		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	wfee	10/30/07	\$ 1,050.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 1,050.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	X	Credit Deposit A/C #:	
	Duplicate Payment		9 5 0 -- 0 4 1 7	
X	No Fee Due (Explanation):			
Extension filed after extendable period				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Sherry D. Brinkley		TITLE: Petitions Examiner		
SIGNATURE: 		PHONE: 2-3204		
OFFICE: Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: 3/4/08		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*